

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/530338

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1	1		
2		1	1	1		
3		1	1	1		
4		1	1	1		
5		1	1	1		
6		2	1	1		
7		2	1	1		
8		2	1	1		
9		2	1	1		
10		2	1	1		
11	1	2	1	1		
12		1	1	1		
13		2	1	1		
14		2	1	1		
15	1	1	1	1		
16		1	1	1		
17		2	1	1		
18		2	1	1		
19		2	1	1		
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21			1			
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45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	10	←		←
TOTAL CLAIMS			11			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						